

S/N 10/087222

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Michael Kloss et al. Examiner: Unknown
Serial No.: 10/087222 Group Art Unit: 3762
Filed: March 01, 2002 Docket: 279.287US1
Title: THERAPY OPTIMIZATION IN HEART FAILURE PATIENTS BASED ON MINUTE
VENTILATION PATTERNS

INFORMATION DISCLOSURE STATEMENT

Assistant Commissioner for Patents
P.O.Box 1450
Alexandria, VA 22313-1450

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TECHNOLOGY CENTER R3700

In compliance with the duty imposed by 37 C.F.R. § 1.56, and in accordance with 37 C.F.R. §§ 1.97 *et. seq.*, the enclosed materials are brought to the attention of the Examiner for consideration in connection with the above-identified patent application. Applicants respectfully request that this Information Disclosure Statement be entered and the documents listed on the attached Form 1449 be considered by the Examiner and made of record. Pursuant to the provisions of MPEP 609, Applicants request that a copy of the 1449 form, initialed as being considered by the Examiner, be returned to the Applicants with the next official communication.

Pursuant to 37 C.F.R. §1.97(b), it is believed that no fee or statement is required with the Information Disclosure Statement. However, if an Office Action on the merits has been mailed, the Commissioner is hereby authorized to charge the required fees to Deposit Account No. 19-0743 in order to have this Information Disclosure Statement considered.

The Examiner is invited to contact the Applicants' Representative at the below-listed telephone number if there are any questions regarding this communication.

Respectfully submitted,

MICHAEL KLOSS ET AL.

By their Representatives,

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Date

May 13, 2003

By

Timothy E. Blanchi
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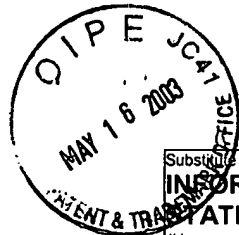
CERTIFICATE UNDER 37 CFR 1.8: The undersigned hereby certifies that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to: Commissioner of Patents, P.O.Box 1450, Alexandria, VA 22313-1450, on this 14 day of May, 2003.

Name

Patricia Suenny

Signature

Patricia Suenny



Substitute for form 1449A/PTO
**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**
(Use as many sheets as necessary)

Complete if Known

Application Number	10/087222
Filing Date	March 1, 2002
First Named Inventor	Kloss, Michael
Group Art Unit	3762
Examiner Name	Unknown

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Sheet 1 of 2

Attorney Docket No: 279.287US1

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US PATENT DOCUMENTS

Examiner Initial *	USP Document Number	Publication Date	Name of Patentee or Applicant of cited Document	Class	Subclass	Filing Date If Appropriate
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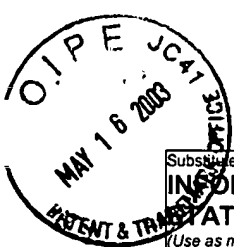
Examiner Initials*	Foreign Document No	Publication Date	Name of Patentee or Applicant of cited Document	Class	Subclass	T ²
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OTHER DOCUMENTS -- NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
		SOUCIE, LUC P., et al., "Correlation of the Heart Rate-Minute Ventilation Relationship with Clinical Date: Relevance to Rate-Adaptive Pacing", <u>PACE</u> , Part I, Vol. 20, August 1997, (August 1997), 1913-1918	
		TREESE, NORBERT, et al., "Ventilation and Heart Rate Response During	

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DATE CONSIDERED



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Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
		Exercise in Normals: Relevance for Rate Variable Pacing", <u>PACE</u> , Vol. 16, August 1993, (August 1990), 1693-1700	

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DATE CONSIDERED

Substitute Disclosure Statement Form (PTO-1449)

* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 809. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.¹ Applicant's unique citation designation number (optional) ² Applicant is to place a check mark here if English language Translation is attached